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TREASURY DEPARTMENT
BUREAU OF PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE
—
BOOK OF INSTRUCTIONS
FOR THE
MEDICAL INSPECTION OF IMMIGRANTS
—
1903

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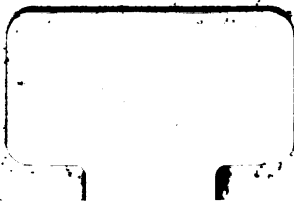
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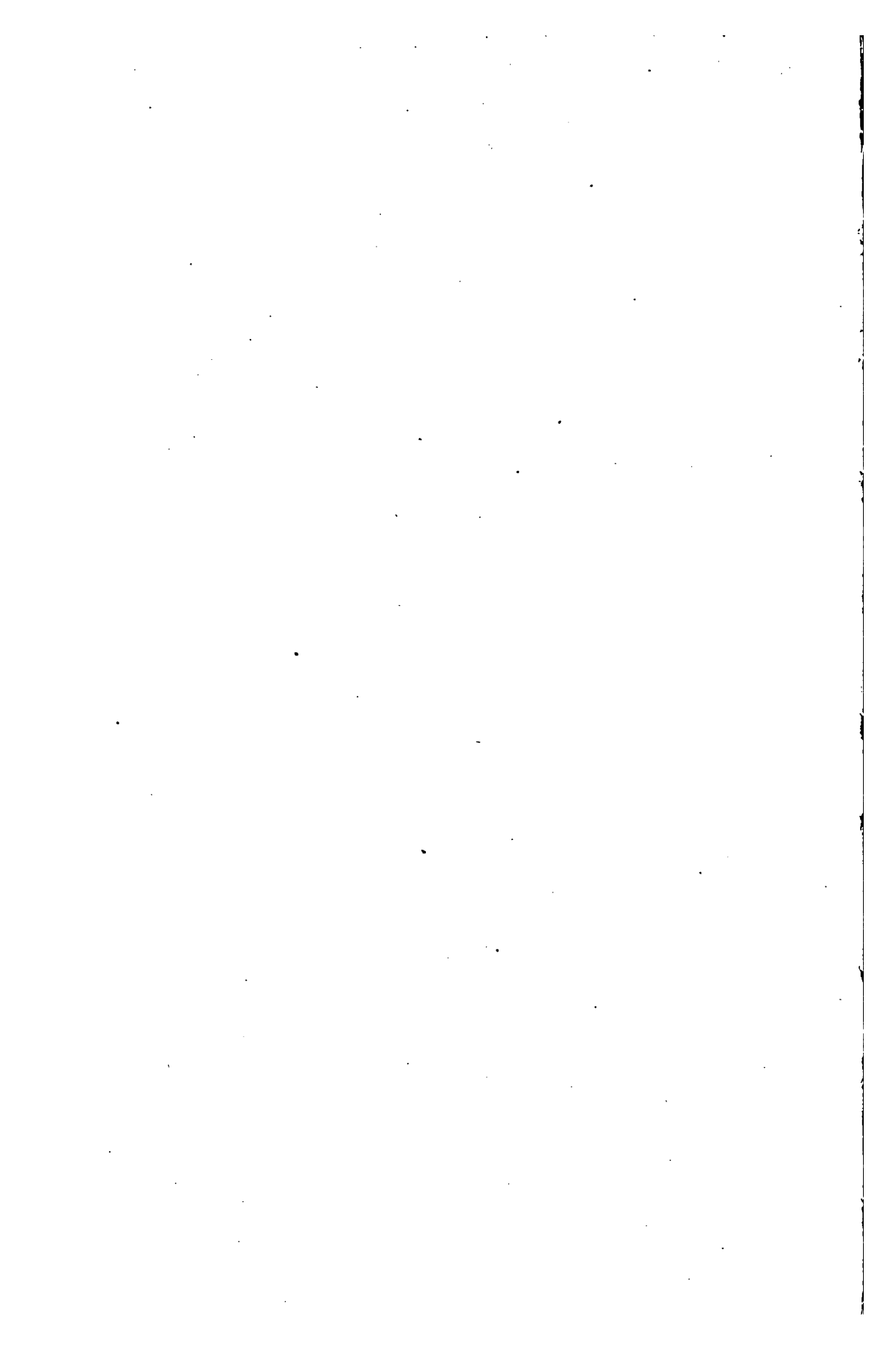


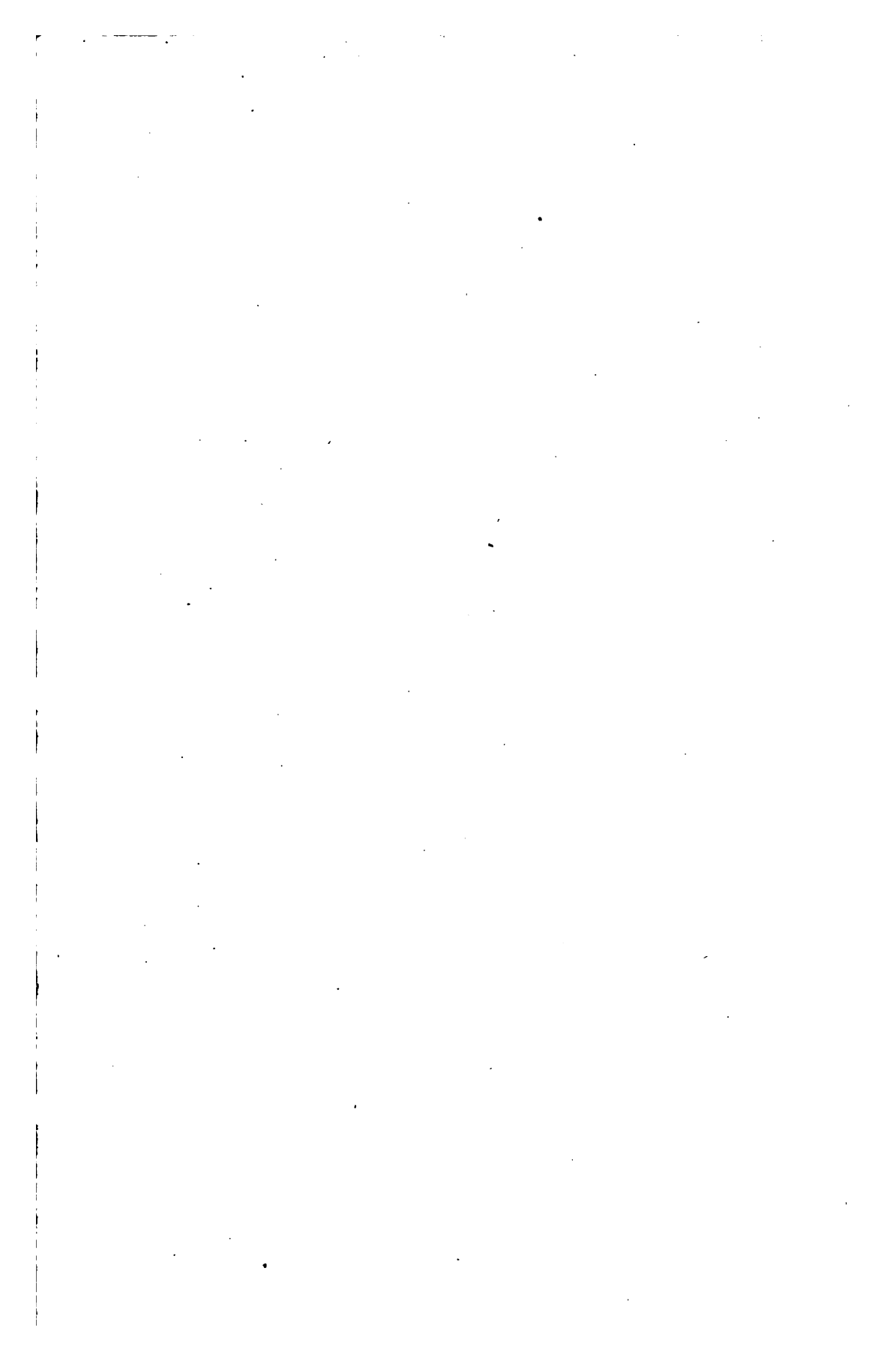
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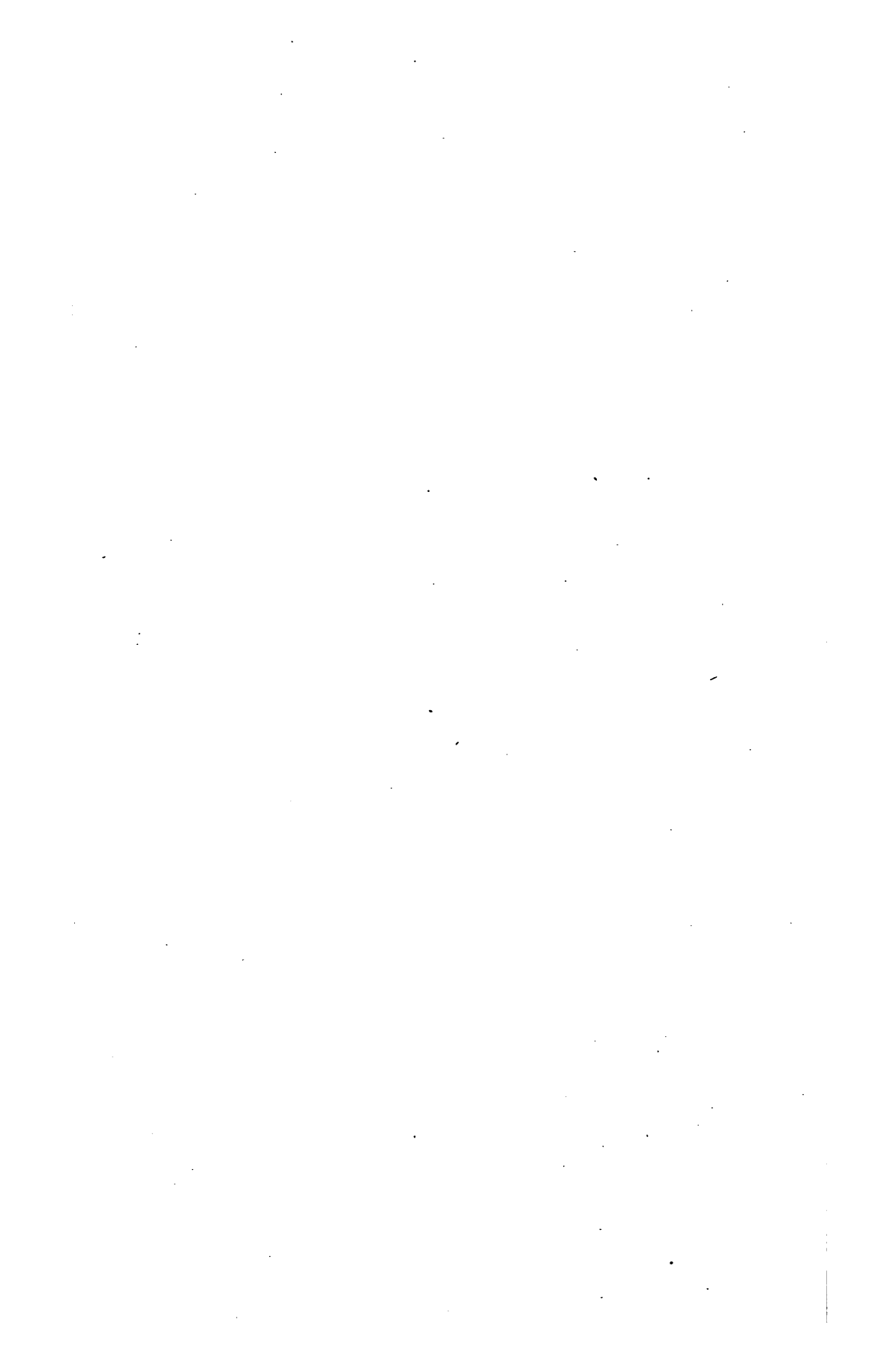
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U.S. public health service

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE.

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BOOK OF INSTRUCTIONS

FOR THE

MEDICAL INSPECTION OF IMMIGRANTS.

PREPARED BY DIRECTION
OF THE
SURGEON-GENERAL.

WASHINGTON:
GOVERNMENT PRINTING OFFICE.
1903.

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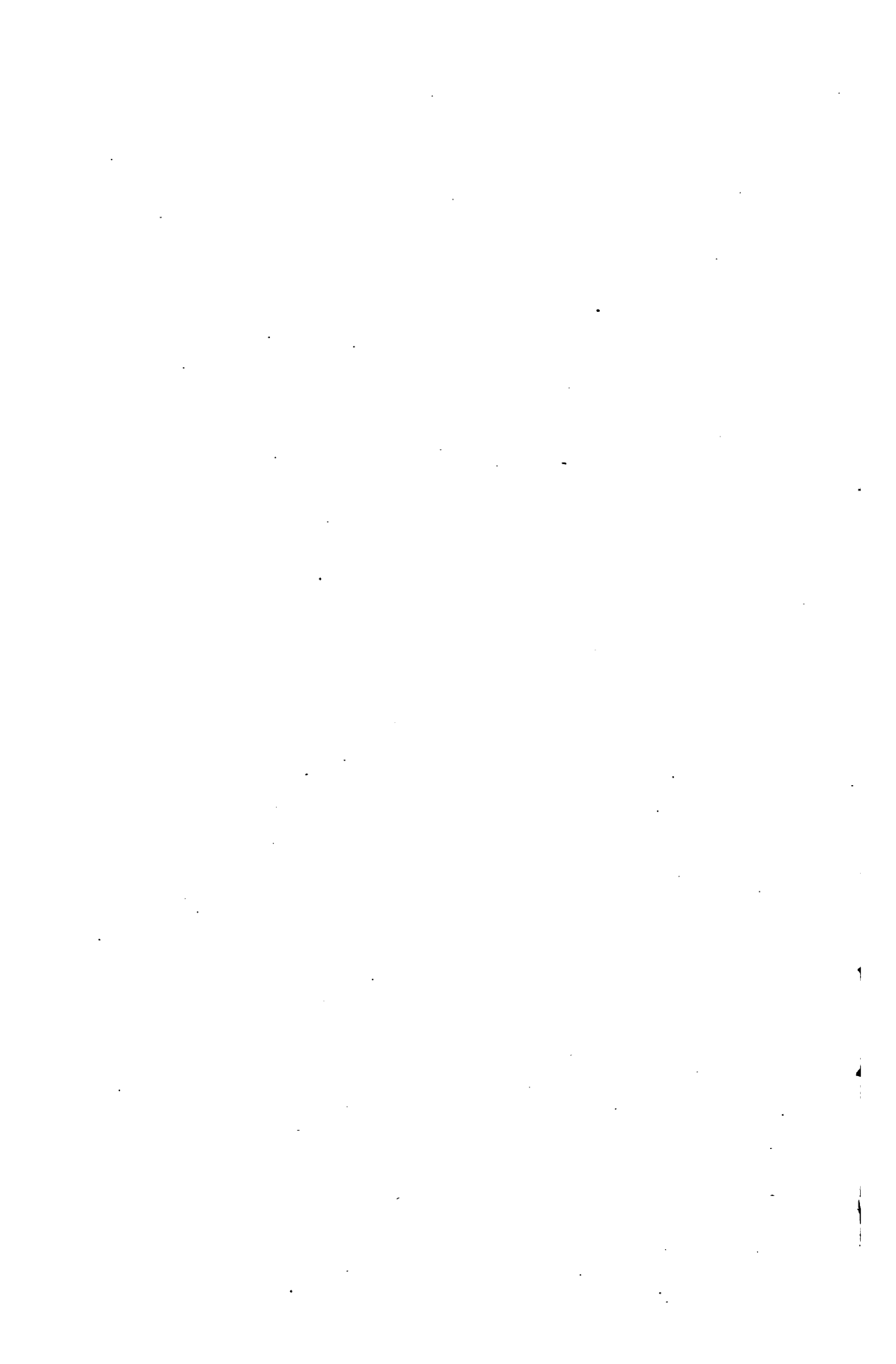
TREASURY DEPARTMENT, BUREAU OF
PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE,
Washington, January 15, 1903.

The following instructions for the medical examination of arriving aliens by officers of the Public Health and Marine-Hospital Service detailed for that purpose are issued for their guidance, and will be enforced on and after February 1, 1903.

WALTER WYMAN,
Surgeon-General.

Approved:

H. A. TAYLOR,
Acting Secretary of the Treasury.



BOOK OF INSTRUCTIONS

FOR THE

MEDICAL INSPECTION OF IMMIGRANTS.

An act of Congress approved March 3, 1891, provides "That the following classes of aliens shall be excluded from admission into the United States, in accordance with the existing acts regulating immigration, other than those concerning Chinese laborers; all idiots, insane persons, paupers, or persons likely to become a public charge, persons suffering from a loathsome or a dangerous contagious disease," etc. Officers of this Service who have been detailed to make the medical inspection of arriving aliens, or physicians temporarily employed for that purpose, are directed to place in the possession of the Commissioner of Immigration, or other officer of the port under whose direction the inspection of the arriving aliens is being conducted, such information regarding the mental and physical condition of the aliens inspected as will enable the proper officials to determine whether any of them belong to one of the above-named excluded classes.

For the instruction and information of those charged with making the medical inspection of arriving aliens, attention is called to the following:

For the purpose of carrying out the provisions of the immigration law, diseased, abnormal, crippled, and deformed aliens may be regarded as divisible into two general classes—

Class A.—Those who are excluded from admission into the country by reason of the existence of a disease or abnormal condition of a character expressly declared by the law itself to constitute a ground for such exclusion.

Class B.—Those who present some disease or defect, physical or mental, which may be regarded as conclusive or contributory evidence to justify the exclusion, by the proper immigration officers, of the person in question as an alien "likely to become a public charge."

In accordance with the present law, aliens of Class A must fall within one of the four subdivisions of that class, viz:

- (1) Persons suffering from dangerous contagious diseases.
- (2) Persons suffering from loathsome diseases.

(3) Insane persons.

(4) Idiots.

Care should be taken to see that the form of the medical certificate in every case is such as to enable the immigration officers to see clearly to which class the alien in question belongs, and caution should be exercised especially in placing an alien in any of the subdivisions of Class A, because boards of special inquiry have no alternative but to exclude in such cases.

The medical examination should be made by daylight and never, except in an emergency, attempted in poorly lighted rooms or by artificial light. The preliminary line inspection should be conducted on an even, level surface, so that the passengers may not be tempted to look where they are stepping. A basin containing a disinfecting solution should be placed near the examiner, so that he may disinfect his hands after handling cases of trachoma, favus, etc. Care should be taken to prevent crowding, to maintain a single file evenly spaced, with the individuals well separated (10 feet).

Whenever it can possibly be avoided, immigrants should not be permitted to take their baggage with them while undergoing inspection, because it interferes with the view of the examiner. There should be abundant light coming from behind the examiner. Direct sunshine or its reflection from the water directly in the faces of the approaching passengers must be avoided, as it causes them to squint or look down. Care should be taken to obviate the necessity of the passenger passing from a shadow into a light or vice versa. The file should make a right angle turn immediately in front of the examiner's position. This enables the examiner to observe both sides and the back of the passenger in the shortest possible time, besides bringing out lameness, defective eyesight (through passenger's efforts to adjust his vision to a new course), artificial eyes, corneal opacities or roughened cornea (through light striking eye at changing angles of incidence as passenger turns). A clear view of the eyes may be secured by holding up a finger or some small object in front of the passenger just before he reaches the examiner. The examiner should not permit a passenger to approach nearer than 12 to 15 feet before beginning the scrutiny. In making this preliminary scrutiny it is well to follow a systematic plan. It is usually well to commence at the feet and proceed upward, reserving the matter of the eyes as the last feature to be inspected.

Cases turned aside for special examination, as well as any others to whom the attention of the examiner has been brought, should be subjected to a sufficiently thorough physical examination to determine whether there are other defects besides those which primarily attracted attention. The examiner should detain any alien or aliens as long as may be necessary to insure a correct diagnosis.

The following mental or physical conditions should be placed in the

class indicated by the outline given below. It will be noted that some diseases may be placed in more than one class. It is presumed that the quarantinable diseases have been or will be provided for by the local health authorities.

CLASS A.

SUBDIVISION I.—*Dangerous contagious diseases.*

(1) *Trachoma*.—The object is not only to prevent the introduction into this country of a communicable disease, but also to keep out a class of persons from whom so large a proportion of the inmates of institutions for the blind and recipients of public dispensary charity are recruited. For the purposes of this circular, the term "trachoma" is used to designate a diseased condition of the conjunctiva, characterized by a muco-purulent discharge, firm persistent hyperplastic granulations, and exhibiting a tendency to be associated with atrophy of the conjunctiva with scar formation, roughened corneæ, adhesive bands of cicatricial tissue, entropion, pannus or even more marked evidence of inflammatory processes, not due to external traumatism. Examiners are therefore instructed to regard as trachoma any case wherein the conjunctiva presents firm, well-marked granulations which do not have a tendency to disappear when the case is placed in hygienic surroundings a few days, or does not yield rapidly to ordinary treatment, even though there be no evidence of active inflammation at the time of the examination, nor appreciable discharge, nor as yet signs of degenerative or destructive processes. Examiners are also instructed to regard as a possible case of trachoma any person who presents an active inflammatory condition of the conjunctiva accompanied by a discharge, or a thickened infiltrated condition of the lids, and to hold such case until by treatment or otherwise the examination may be satisfactorily concluded. Cases of acute inflammation of the conjunctiva presenting a granular appearance of the lids should be regarded as suspicious and final judgment be withheld until the case has been under observation for a period of at least two weeks.

In view of the present state of medical science as to the etiology of trachoma, an immigrant should not be regarded as suffering with that disease whose conjunctiva presents only a granular appearance and a discharge, both of which rapidly and entirely disappear.

Suggestions.—The eyelids should be everted in all cases which show any of the following conditions: Roughened cornea, corneal opacities, corneal ulcers, cloudiness of the media, lids which seem thickened at the location of the tarsal cartilage, entropion, lids which have a tendency to droop or do not raise simultaneously with the eyeball as the person looks up, pannus, and any eye which shows signs of acute conjunctival congestion. It should also be remembered that large numbers of cases of trachoma are found among Syrians, Greeks,

Armenians, Russians, and Finns, and that, especially among the latter-mentioned race, many cases of trachoma are found which give no outward evidence of the disease.

The cul-de-sac should be brought into view, because it frequently happens that an eye which is otherwise normal will have the cul-de-sac filled with granulations. Marginal blepharitis rarely accompanies trachoma. If both are present, the granulations of trachoma will be found farther back on the lid or in the cul-de-sac.

Prognosis.—The following class of cases may be regarded as practically incurable. Any case showing extensive areas of granulation, associated with any one or all of the following conditions: Infiltration, well-marked evidence of degenerative changes, pannus, roughened cornea, entropion, and cases which present numerous so-called “sago-like” bodies. Cases which do not show marked improvement after several weeks’ treatment, cases which show a strumous diathesis, cases which present a grayish semitransparent or so-called ground-glass appearance. This is especially true of trachoma found in the Finnish race.

Caution should also be exercised in making a definite prognosis, even in the most favorable cases, because treatment is generally very disappointing.

(2) *Pulmonary tuberculosis.*—In view of the large amount of literature on the subject of pulmonary tuberculosis, it is not deemed necessary to formulate special suggestions for its detection. No case of pulmonary tuberculosis should be certified as “dangerous contagious” unless the clinical symptoms are well marked and the tubercle bacillus has been found in the sputum. For the disposition of aliens suspected of having pulmonary tuberculosis, but in which the bacillus can not be found, see list of diseases under Class B, “Aliens excluded as likely to become public charges.”

In every case of pulmonary tuberculosis certified as a “dangerous contagious disease,” a slide showing tubercle bacilli in the sputum should be prepared, properly labeled, and preserved.

SUBDIVISION II.—*Loathsome diseases.*

(1) *Favus.*—Cases of favus should not be certified unless they present clinical as well as microscopical evidence of the disease. A slide or a culture tube, properly labeled, should be preserved in every case certified. Attention is called to the resemblance between the *Achorion schonleinii* and certain other fungi, especially the *Trichophyton tonsurans* and the *Microsporon fur-fur*. In most instances material for microscopical examination is best obtained by carefully lifting the cup and selecting the softer material immediately beneath it.

As it is possible during the time occupied by the ocean voyage to remove temporarily by skillful manipulation all positive clinical evi-

dence of this disease and to make the microscopical diagnosis extremely difficult, care should be taken not to permit these specially prepared cases in which the disease is still active to pass the examination. All scalps showing signs of recent treatment and presenting areas of loss of hair, with atrophic sinking of the bare spots, and at the same time showing patches of reddened scalp here and there, still covered with hair, slight incrustations about the openings of the hair follicles, the hairs often being loose, and the remaining presumably healthy hairs imparting to the hand a sensation as though fine wire was being touched, should be regarded as suspicious and held under examination for a period of from one to three weeks without washing or treatment, provided attempts at diagnosis give negative results in the meantime. In all cases suspected of being favus the finger nails should be carefully examined. If likewise diseased, they will also probably furnish material for confirming the diagnosis.

Cases of recovered favus seen among immigrants seldom have much hair left. The scalp will be pale, without reddened areas. The cuticle will have a glazed appearance, the underlying tissue much atrophied. The remaining hairs will be firmly fixed and coarse.

Caution should be exercised in expressing an opinion as to the length of time necessary to effect a cure. After the head has been shaved the disease will usually be found to involve a greater area than was previously apparent. For a child, or even a person under 20 years of age, with a thick growth of hair, a year's treatment with daily attention in hospital under most approved methods will often prove fruitless. In an older person with little remaining hair the prognosis may be made with more safety. No person having been under treatment for favus should be discharged as recovered until treatment has been suspended at least four weeks and at the end of which period there has been no return of the disease.

(2) *Syphilis*.—Cases of active syphilis in which there can be no question as to the diagnosis should be certified immediately.

(3) *Gonorrhoea*.—Cases of this disease are ordinarily held for hospital treatment until they have recovered. In the event of there being obstacles in the way of hospital treatment, the case should be certified.

(4) *Leprosy*.—Generally held at quarantine; if not, certify.

SUBDIVISION III.—*Insane persons.*

The following definition of insanity may be accepted for guidance:

Insanity is a deranged and abnormal condition of the mental faculties, accompanied by delusions or hallucinations or illusions, or manifesting itself in homicidal or suicidal tendencies or persistent mental depression, or inability to distinguish between right and wrong.

In the case of immigrants, particularly the ignorant representatives of emotional races, due allowance should be made for temporary dem-

onstrations of excitement, fear, or grief, and reliance chiefly placed upon absolute assurance of the existence of delusions or persistent refusal to talk or continued abstinence from eating.

Persons suffering from acute attacks of delirium tremens should be certified as insane. Those presenting less active evidence of alcoholism should be regarded as coming under the heading of likely to become public charges, as should also all cases of simple epilepsy or hysteria.

At least two officers should concur in a certificate of insanity, and when this is impracticable the medical officer should recommend the employment of a local physician in good standing, and they shall jointly sign the certificate.

The evidence on which a certificate of insanity is based should be made a matter of permanent record. It should always include, among other things, the physical appearance, character of hallucinations, delusions, or illusions, and a brief history of the peculiarities noted while the case was under observation.

SUBDIVISION IV.—*Idiots.*

The following definition of an idiot may be accepted for guidance:

An idiot is a person exhibiting such a degree of mental defect, either inherited or developed during the early period of life, as incapacitates the individual for self-maintenance or ability to properly care for himself or his interests. (Richardson.)

Idiocy is a defect of mind which is either congenital or due to causes operating during the first few years of life, before there has been a development of the mental faculties, and may exist in different degrees. (Standard Dictionary, by Maudsley; Responsibility in Mental Diseases, chapter 3, p. 66.)

In case of persons of impaired mentality to whom the term "idiot" or "insane," as above defined, is inapplicable, certificates should be made in such terms as may be deemed best calculated to convey an idea of the degree of disability in each particular case.

CLASS B.

Aliens excluded as likely to become public charges.

Under this head should be included all diseases and deformities which are likely to render a person unable to earn a living. The certificate in each case should be sufficiently explicit to enable the inspectors whose duty it is to pass final judgment on these cases to form an opinion as to what degree the disease or deformity will affect the immigrant's ability to earn a living.

The need for clearness in all certificates rendered under Class B will be better understood when it is remembered that the Board of Special

Inquiry must base its opinion on the certificate rendered, which will in a great measure determine whether the immigrant certified should be excluded, released on bond, or released unconditionally.

It is to be observed that a medical certificate frequently constitutes the sole testimony on which the Board of Special Inquiry, composed of nonmedical men, will decide whether the alien concerned does or does not belong to one of the excluded classes; that such certificate, once issued, becomes a part of the permanent records of the Treasury Department; that it is made the subject of legal comment and official scrutiny in every case of appeal, and is always likely to be placed in evidence in habeas corpus proceedings, actions in tort, or other suits at law, both civil and criminal.

Therefore, in the class of cases excluded as likely to become public charges the greatest care should be taken—

First. To give the technical diagnosis, following the official nomenclature of diseases, wherever practicable.

Second. To make, in addition to this statement, such explanation or comment, in plain language, as may be deemed necessary to enable the Board of Special Inquiry or the appellate authority to form an intelligent opinion as to the extent of the alien's disability.

Whenever it may appear advisable for the medical officer to supplement his certificate by further explanatory statements, written or verbal, he will see that every such supplementary statement is correctly incorporated in the permanent records of the case.

From the very nature of the subject it will be apparent that it is impossible to name all the diseases or deformities which may be classed under this heading. A few of the most common causes are given below:

(1) *Hernia*.—In writing certificates for hernia, the following points should be borne in mind: (a) Occupation and the extent to which hernia is likely to affect the immigrant's ability to earn a living must be considered. (b) Probability of an early operation; in the latter case application for treatment would probably be made at a charity hospital, in which event the alien would become a public charge for at least several months.

(2) *Valvular heart disease*.—Well-marked cases of heart disease may usually be detected at the preliminary inspection by the incurved nails, thickened condition about the lobes of the ears and the *alæ nasi*, associated with indistinctness of outline of these parts, dyspnoea, and a peculiar pallor. In all persons whose face, neck, or extremities suggest an appearance of faulty nutrition, the heart should always be examined. As a matter of routine, it is best to examine the heart in all persons held for the second inspection. In writing certificates for heart cases, it should always be remembered that such cases are extremely liable to become worse, and in that event they may become

inmates of charity hospitals or institutions, where they will probably be public charges for a great length of time.

(3) *Pregnancy*.—Every pregnant woman should be turned aside for the second inspection, a record stating the probable number of months that she is pregnant should be made, and the same be reported to the examining immigrant inspector, whose duty it is to ascertain whether she is legitimately pregnant. In the event of her being illegitimately pregnant, a certificate stating her physical condition should be made.

Pregnant women who are so far advanced that further travel would be attended with serious risk, should be detained and the immigration officials notified as to the examiner's opinion in the matter.

(4) *Poor physique*.—Under this head should be placed cases in which it is evident from their physical condition that they will be unable to earn a living at manual labor. Cases of so-called "chicken breast," especially those having some of the physical signs of pulmonary tuberculosis, but in which the tubercle bacillus can not be found in the sputum, should be certified under this head.

(5) *Chronic rheumatism*.—The large number of persons suffering with this disease, found in hospitals, homes for incurables, etc., should lead the examiner to be very careful in making the certificates in these cases.

(6) *Nervous affections*.—The large number of persons suffering from locomotor ataxia, spastic paraplegia, and other incurable nervous diseases, who are the recipients of public charity, should lead the examiner to be very careful to watch for these cases. At the preliminary inspection the examiner should make it a rule to have all children who are being carried placed on their feet in order to see whether they are able to walk. Many cases of infantile paralysis have been detected in this way.

(7) *Malignant diseases*.—Cases of carcinoma, sarcoma, etc., which can not be placed under the head of "Loathsome" should be placed under this head, and the extreme probability of their being incurable can not be too strongly emphasized in the certificate.

(8) *Deformities*.—All cases in which there are deformities which are liable to interfere with the afflicted one earning a living should be certified, the degree of disability being stated in each case. The deformities usually found are kyphosis, lordosis, scoliosis, mutilation of the extremities, etc.

(9) *Senility and debility*.—Senile persons who are likely to be unable to provide and care for themselves should be certified. Cases of extreme debility which will evidently not be much improved by treatment in hospital should be certified, the prognosis being stated in each case.

(10) *Varicose veins*.—Whenever an immigrant is found with well-marked varicose veins, especially when affecting the lower extremities,

he should be certified. The tendency to ulcer formation should be pointed out, and special stress should be laid upon the fact that these cases often require many months of hospital treatment.

(11) *Eyesight*.—Serious defects of vision, including refractive errors of high degree, optic atrophy, choroiditis, retinitis pigmentosa, etc., should be certified. Whenever the inability to see clearly appears to be independent of distance, the eyes should be examined with the ophthalmoscope.

(12) *General considerations*.—Any disease or deformity which can not be placed in any of the above classes, but which will interfere with an immigrant's ability to earn a living, should be certified. Terminal conditions resulting from previous inflammatory diseases of the eye, and which can not be placed in the "Dangerous contagious" class, should be included under this head. For example, scar formation of the conjunctiva, entropion, infiltration of the cornea, etc. Whenever the examiner has any doubt as to the likelihood of a person becoming a public charge through a disease or deformity, he should write a certificate in that case, because the Board of Special Inquiry is charged with assuming the responsibility of disposing of these cases.

HOSPITAL CASES.

All cases should be recommended for treatment in hospital when in the opinion of the examiner --

First. A more extended examination than is possible at the place of inspection is necessary in order to complete a diagnosis.

Second. The immigrant, owing to his mental or physical state, is not in condition to travel.

It is also suggested that the examiner recommend to the Commissioner for detention in hospital any immigrant who is afflicted with a disease on account of which he is likely to seek charity treatment.

In dealing with communicable diseases, he should endeavor in every possible way to secure conformity to the United States quarantine laws and regulations and the sanitary laws and ordinances of the locality in which he may be stationed.

APPENDIX.

REGULATIONS RELATING TO THE IMMIGRATION SERVICE, EXTRACTED FROM THE REGULATIONS FOR THE GOVERNMENT OF THE UNITED STATES PUBLIC HEALTH AND MARINE-HOSPITAL SERVICE, APPROVED BY THE SECRETARY OF THE TREASURY AND THE PRESIDENT UNDER DATE OF NOVEMBER 21, 1902.

IMMIGRATION.

Medical officers to inspect immigrants.

804. When requested by the Bureau of Immigration the Surgeon-General will detail a regular officer of the Public Health and Marine-Hospital Service for the medical examination of immigrants. This examination will be conducted in conjunction with the inspection instituted by the Commissioner of Immigration.

Book of instructions.

805. Officers detailed for the purpose of inspecting immigrants shall be governed by the general regulations of the Public Health and Marine-Hospital Service as far as applicable. The specific duties of officers engaged in this work shall be according to the requirements embodied in the official book of instructions for the medical inspection of immigrants by direction of the Surgeon-General and approved by the Secretary.

Medical officers to have charge of medical inspection.

806. Medical officers detailed for the purpose of examining immigrants shall have charge of the medical inspection and shall be responsible for its efficiency. They will recommend for detention in hospital or otherwise all cases in which observation is necessary. Immigrants so detained shall be visited by the medical examiner as often as he may deem necessary in order that the inspection may be completed as speedily as possible.

To certify to insane persons, and persons suffering from certain diseases.

807. The medical officer in charge will certify to the Commissioner of Immigration all insane persons, idiots, persons suffering from a loathsome or a dangerous contagious disease, and all persons whose mental or physical condition will affect their ability to earn a living.

To furnish information to Commissioner as to physical condition of any immigrant.

808. The medical officer shall furnish the Commissioner of Immigration such information as he may require concerning the physical condition of any immigrant, and he

shall conduct the medical inspection in such manner as to expedite, as far as practicable, the work of landing immigrants. When requested, he shall give advice on sanitary matters relating to immigrants.

809. The Commissioner of Immigration will furnish adequate facilities for conducting the medical inspection, including, when necessary, a proper office and equipment therefor. Commissioner, to furnish office etc., for inspection.

810. At least two medical officers of the service should concur in a certificate of insanity, and when this is impracticable the medical officer should recommend the employment of a local physician in good standing and they shall jointly sign the certificate. Certificates of insanity.

811. Should an appeal be taken from the diagnosis in a case of idiocy or a case classified as "loathsome" or as "dangerous contagious" and an additional opinion is desired by the Bureau of Immigration, the immigrant shall be brought before the board provided for in paragraph No. 813, and its decision shall be final. Appeals from diagnosis.

812. If an appeal is taken from the diagnosis in a medical case classified as "Likely to become a public charge," the officer in charge of the medical inspection will again examine the case and transmit his opinion in writing to the Commissioner of Immigration. Second examination in case of appeal.

813. The Surgeon-General will, whenever practicable, appoint a board, to consist of at least three medical officers of the Service, to serve at ports where immigrants are landed for the consideration of such cases as may be brought before it under the provisions of paragraph No. 811. At ports where it is impracticable to convene a board to consider cases which come under the provisions of paragraph No. 811, said cases may be referred by the immigration authorities to the medical board at the nearest port. Board of appeals.

814. Medical officers and employees of the Public Health and Marine-Hospital Service will be entitled to actual and necessary traveling expenses when inspecting immigrants at other places than at the regular immigrant station. When it is necessary for them to be on immigration duty before or after the customary hours fixed by the Commissioner of Immigration, they will be entitled to payment for meals necessarily taken at other than their regular place of residence. Traveling expenses.

815. All official reports shall be made in accordance with the book of instructions for the medical inspection of immigrants. Reports.

Professional care of detained immigrants. 816. The officers detailed for the medical examination of immigrants may, when practicable, and when requested by the Commissioner of Immigration, undertake the professional care of immigrants detained for medical reasons.

Hospitals for care and treatment of immigrants. 817. Upon the joint recommendation of the Surgeon-General and the Commissioner-General of Immigration, the Secretary of the Treasury will, in his discretion, cause any hospital owned or leased by the Government and maintained exclusively for the care and treatment of immigrants to be conveyed to the custody of the Surgeon-General, or such commissioned medical officer as the Surgeon-General may select.

Management of hospital. 818. A medical officer detailed to assume charge of an immigrant hospital, as provided in paragraph No. 817, shall be held responsible to the Department for the efficient and economical management of the hospital.

Expenses of maintenance of hospitals. 819. The expenses of maintenance of hospitals transferred as provided in paragraph 817, and all other expenses incident to the care and treatment of patients therein, shall be borne by the United States out of the immigration fund: *Provided*, That the per diem rate charged for the care and treatment of detained passengers shall be charged against the several steamship companies transporting them, and bill therefor shall be collected as a reimbursement to the immigration fund.

Secretary to fix the rates for relief of pay patients. 820. The per diem rate for immigrants detained in a hospital under control of the Public Health and Marine-Hospital Service shall be fixed annually by the Secretary of the Treasury upon the joint recommendation of the Surgeon-General and the Commissioner-General of Immigration. It is not intended that the rate shall be more than sufficient to provide for defraying the expenses of the hospital. Bills for the care of immigrants detained in hospital shall be certified by the medical officer and presented to the Commissioner of Immigration for collection.

Officers to be familiar with the immigration laws. 821. Officers detailed for immigration duty are expected to be familiar with immigration laws and regulations.

RECORDS.

The following official records shall be kept, viz: A register of detained immigrants (form No. 154) (this form not to be obligatory at the port of New York).

The register of detained immigrants shall contain the following information: Name, age, sex, nativity, race, date of arrival, ship, cabin or steerage, diagnosis, hospital, released, certified, deported (medical cause), deported (nonmedical cause), died, and remarks.

REPORTS.

At the close of each month a report (form No. 151) shall be transmitted to the Bureau.

At the close of each fiscal year a report (form No. 155) shall be transmitted to the Bureau. In addition, a résumé of the year's work should be included.

In certifying immigrants to the Commissioner forms Nos. 152 and 153 should be used.

Whenever an immigrant is to be medically released form No. 156 should be used.

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